

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 381030	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	13						
TOTAL CLAIMS	15						

TOTAL IND.
 TOTAL DEP.
 TOTAL CLAIMS

BEST AVAILABLE COPY